AO 435 ase (Rev. 10/23)	25-40976 Doc	OMINISTRA FI	E OFFICE OF THE	Unite seare 6/18/25 20:04:	HOR WOURT	Pacyment	
ry I					DUE DATE:		
Please Read Instructions: TRANSCRIPT (ORDER			
1. NAME				2. PHONE NUMBER	3. DATE		
4. DELIVERY ADDRESS OR EMAIL				5. CITY	6. STATE	7. ZIP CODE	
8. CASE NUMBER 9. JUDGE				DATES OF I	PROCEEDINGS		
				10. FROM 11. TO			
12. CASE NAME					N OF PROCEEDINGS		
15. ORDER FOR				13. CITY	14. STATE		
APPEAL CRIMINAL			☐ CRIMINAL JUSTICE ACT	☐ BANKRUPTCY			
□ NON-APPEAL □ CIVIL			☐ IN FORMA PAUPERIS	OTHER (Specify)			
	 _		(s) of proceeding(s)	for which transcript is requested)			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) if				1	Ι ,	DATE(C)	
☐ VOIR DIRE	PORTIONS	DATE(S)		PORTION(S) TESTIMONY (Specify Witness)	DATE(S)		
_	ATEMENT (Plaintiff)			TESTIMONT (Specify witness)			
_	ATEMENT (Defendant)						
	RGUMENT (Plaintiff)			PRE-TRIAL PROCEEDING (Spcy)			
CLOSING ARGUMENT (Defendant)							
OPINION OF	· · · · · · · · · · · · · · · · · · ·						
JURY INSTRUCTIONS			OTHER (Specify)				
SENTENCING							
BAIL HEARI	NG						
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